

**UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT**

**TRANSCRIPT INFORMATION
CIVIL APPEAL**

**To be completed by counsel for appellant in civil appeal from
district court with in ten days after filing notice of appeal.**

THIS SECTION TO BE COMPLETED BY COUNSEL FOR APPELLANT		
CASE TITLE	DISTRICT	DOCKET NUMBER
	JUDGE	APPELLANT
	COURT REPORTER	COUNSEL FOR APPELLANT
TRANSCRIPT ORDER - Must be completed		
DESCRIPTION OF PROCEEDINGS FOR WHICH TRANSCRIPT IS REQUIRED (INCLUDE DATES). I am ordering a transcript. I am not ordering a transcript Reason: <input type="checkbox"/> Daily copy is available <input type="checkbox"/> Other - Attach explanation	METHOD OF PAYMENT <input type="checkbox"/> Funds <input type="checkbox"/> CJA Voucher (CJA 21)	
<input type="checkbox"/> PREPARE TRANSCRIPT OR PRE-TRIAL PROCEEDINGS <input type="checkbox"/> PREPARE TRANSCRIPT OF TRIAL <input type="checkbox"/> PREPARE TRANSCRIPT OF OTHER POST-TRIAL PROCEEDINGS <input type="checkbox"/> PREPARE (Other: Specify)	DELIVER TRANSCRIPT TO: (NAME, ADDRESS, TELEPHONE)	
I certify that I have made satisfactory arrangements with the court reporter for payment of the cost of the transcript. (FRAP 10(b)). I understand that unless I have already ordered the transcript, I shall order its preparation at the time required by the Civil Appeals Management Plan, F.R.A.P. and the local rules.		
COUNSEL'S SIGNATURE	DATE	
COURT REPORTER ACKNOWLEDGMENT (To be completed by court reporter. Return one copy to: Clerk of Court, U.S. Court of Appeals, Second Circuit)		
DATE ORDER RECEIVED	ESTIMATED COMPLETION DATE	ESTIMATED NUMBER OF PAGES
SIGNATURE OF COURT REPORTER		DATE